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Opinions of the EESC relating to Health Care

The European Economic and Social Committee (EESC) has recently published several Opinions on a number of issues relating to the interests of Nursing Regulators. In the lines that follow we will give you a brief report on the Committee's view relating to the “Directive proposal on the application of Patient's Rights in Cross-border Healthcare”, the “Proposal of recommendation by the Council on Patient Safety”, the “Green Paper relating to Healthcare Professionals in Europe” and “Patient's Rights”. For further information on all Opinions of the EESC please go to: <http://www.eesc.europa.eu/?i=portal.en.documents>

It is interesting to remind you that, according to the Treaty of Lisbon, Opinions of the EESC (<http://www.eesc.europa.eu/?i=portal.en.the-committee>) must be taken into account by the European Parliament, the Council and the European Commission in their legislative work.



Logo of the European Economic and Social Committee

1. **Opinion of the EESC on the Directive proposal of the European Parliament and Council related to “the application of Patients’ Rights in Cross-border Healthcare”**

The EESC is aware of the need for a clear framework that could enhance the exercise of the patients’ rights, but **it believes that the Directive proposal does not take enough into account the complex, varied and divergent character of the 27 healthcare systems.** In this context, the EESC expresses some doubts about the homogeneous interpretation of the text by all the Member States.

Moreover, the EESC is worried about the risks of inequalities regarding healthcare access. **The EESC proposes that the possible complaints/appeals should be made in the jurisdiction of the patient’s Member State of residence.**

Finally, the Opinion of the EESC includes some recommendations aiming at guaranteeing quality; security and continuity of care, notably via a better coordination between healthcare professionals in the field of prescription and support protocol; implementation of a European Medical File; establishment of an accreditation process for medical and paramedical equipment; implementation of a European aid policy in training

professionals and sanitation; extension of the mandatory insurance system for every healthcare professional.

2. Opinion of the EESC on “Patient’s Rights”

The European Economic and Social Committee would like the European Commission to take actions in order to guarantee the effectiveness of patient’s rights. Such action requires a collection of all elementary and ethic obligations applied in each Member State, the formulation of a transposable community guideline, a scheduled evaluation of the application of promulgated texts and decided policies, the dissemination of this work’s results within national authorities and professional associations, and finally the institutionalization of a European day for “Patients’ Rights”.

In addition to that, **the EESC insists on 3 of the 14 rights stated by the “European Charter for Patient’s Rights” written in 2002 by “Active Citizenship Network”**: the right to information (individualized information), the right to consent (patients may interact with the healthcare professional in the treatment process) and the right to dignity (privacy and confidentiality, access to palliative care for all, management of pain). *More information on this Charter can be found by clicking on the following e-link:* <http://www.activecitizenship.net/content/view/45/77/>

3. Opinion of the EESC on the proposition of recommendation of the European Council regarding “Patient Safety, including prevention of healthcare associated infections and fight against them”.

Within the EU, 8 to 12 % of patients are suffering from healthcare associated infections (HAI) that make the risk of death three times higher. The EESC welcomes the recommendation project made by the European Commission, but strongly believes the importance of this subject and the

variety of situation within the European Union have made a Directive proposal more than necessary. The EESC insists on the need to run an analysis focusing on the occurrence conditions of HAI. It also underlines that the same vigilance must be given to the ambulatory sector.

More precisely, the EESC is anxious to preserve confidence in the assessment and stresses that any reporting system must be separate systems of disciplinary procedures applicable to medical, paramedical, administrative or service staffs.

4. Opinion of the EESC on the Green Paper related to “Healthcare Professionals in Europe”.

This Green Paper intends to act as a basis for the public debate regarding the way to cope with the increasing need for healthcare professionals, given the aging issue. According to the EESC, healthcare professions must become more attractive, especially for young. The committee sets up four priorities: Firstly, new technologies must be encouraged. Secondly, without forgetting national particularities, all statistic data have to be unified in a common file. However, the EESC expresses some doubts about the possible creation of an Observatory for the evolution of healthcare professionals. Thirdly, the Committee worries about the reflection on a new distribution of tasks and underlines the risks in delegating some tasks to less qualified professionals. **Finally, the EESC underlines the importance to mastering the host Member State’s language for mobile healthcare professionals.**

WHO urges all countries to strengthen health financing

The World Health Organization (WHO) is concerned by the increased number of governments who experience more and more trouble to pay for health care. There are three main reasons to this: The ageing of the population, the growing number of people suffering from chronic diseases and the cost of the new treatments. The annual report of the WHO collects evidence from all around the world, in order to help governments to adjust their health financing mechanisms so more people get the health care they need.



Logo of the World Health Organization

According to **Dr Margaret Chan**, Director General of WHO: *“the report sets out a stepwise approach. We encourage every country to act on this and do at least one thing to improve health financing and increase health coverage over the coming year”*¹.

In accordance with the report, there is scope for improvement in three main areas:

¹ http://www.who.int/mediacentre/news/releases/2010/whr_20101122/en/index.html

Firstly, more funds should be raised for health. To do so, there are three possible solutions: Governments could allocate more money for health or they could generate more money for this sector through more efficient tax collection. Finally, one must not forget that the international community could play a key role in this matter to help lower income countries that cannot even afford to spend 35\$ per capita on health.

Secondly, money should be raised in a more fair way than it currently is. In fact, some key financial barriers to obtain health care still exist. They could be overcome by raising money through insurance or taxes. Then, the funds raised are pooled and the financial burden is shared by the whole society and not only by those who get sick.

Thirdly, money should be spent in a smarter way: According to this report, *“this could increase global health coverage by anything between 20%-40%”*². The international community has also an important role to play in that matter, regarding the harmonization of all country-led programs.

Publication of experience reports of Competent Authorities on 2005/36 EC Directive

In the context of the evaluation of the 2005/36 EC Directive on the Recognition of Qualifications of the 7th September of 2005, The European Commission has published, on its website, several experience reports from National Competent Authorities including the one dedicated to the Nursing profession (meetings chaired by the UK Nursing and Midwifery Council).

² Ibid.

This comprehensive report is based on the answers to a questionnaire submitted to the National Competent Authorities of several Member States. The questions focus on temporary mobility, minimum training requirements, administrative cooperation and the recognition procedure in case of migration on a permanent basis.



Mr Jürgen Tiedje, DG Markt, Head of Unit D4 – Professional Qualifications

The **collection of national reports on 2005/36 Directive is the first phase** of the consultation exercise. According to this report, **suggestion for amendments (second phase)** should be made regarding Minimum Training Requirements, language testing and Continuous Professional Development. Also, two tools are being put forward: the Internal Market Information System (IMI), with an “Alert Mechanism” as for the professions in the “Services Directive”, and the Professional Cards. We strongly feel FEPI should react to these suggestions.

Next Events

General Assembly Meeting of FEPI

- **When?** The 27th and 28th of January 2011.
- **Where?** Zagreb, Croatia.
- **More information:** http://www.hkms.hr/croatian_nursing_council.php